

IMPORTANT NOTICE TO UNMARRIED PARENTS

If the parents of the child are not legally married, the father's name will not be added to the birth certificate unless you: (1) sign a declaration of paternity in the hospital or (2) sign the form later or legally establish paternity through the courts and pay a fee to amend the birth certificate.

WHAT IS THE PURPOSE OF A DECLARATION OF PATERNITY?

A declaration of paternity form is used to legally establish the paternity (the father) of a child when the mother and father are not married to each other. **It should be signed by the biological mother only if she is not married.** It may be signed by the biological father regardless of his marital status. **Signing this form is voluntary. If any part of this form does not make sense to you, talk to your local Child Support Agency or a lawyer before signing the form.**

HOW WILL YOU AND YOUR CHILD BENEFIT IF YOU SIGN THIS FORM?

When both parents sign this form it will:

- Legally establish a parent-child relationship between the biological father and the child. Your child has the right to know his or her mother and father and to benefit from a relationship with both parents.
- Allow the father's name to be added to the birth certificate. Your child will benefit by having both of your names appear on his or her birth certificate. If the form is signed after the child's birth certificate is prepared, there will be a fee to amend the birth certificate to add the father's name.
- Legally establish the man as the child's father without going to court. This will give the father parental rights such as the right to seek child custody and visitation through a court action and to be consulted about the adoption of the child.
- Make it easier for your child to learn the medical histories of both parents, to benefit from the father's health care coverage, and to receive Social Security or Veterans' dependent or survivor's benefits, if eligible.

WHAT DOES IT MEAN IF YOU SIGN A DECLARATION OF PATERNITY?

- A correctly completed and signed declaration of paternity filed with the California Department of Child Support Services will have the same effect as a court order establishing paternity for the child. If your child does not live with you and a court action is filed, you may be ordered by the court to pay child support. A court action must be filed to deal with the issues of custody, visitation or child support.
- By signing this declaration, you are, by your choice, giving up all of the following rights, as they relate to paternity establishment: the right to a trial in court to decide the issue of paternity; to notice of any hearing on the issue of paternity to have the opportunity to present your case to the court, including the right to present and cross examine witnesses; to have an attorney represent you; or to have an attorney appointed to represent you if you cannot afford one in an action filed by the local child support agency.
- A declaration of paternity may be challenged in court only in the first two years after the child's birth by using blood and genetic tests that prove the man is not the biological father. It also may be overturned if the father or mother is able to prove that he/she signed the form because of fraud, duress, or material mistake of fact.
- If either or both of you are under the age of eighteen, a declaration of paternity will not establish paternity until sixty days after both of you are age eighteen or are legally emancipated. If you wish to legally establish paternity before both of you become adults, you should consult an attorney.

IF YOU CHANGE YOUR MIND AFTER YOU SIGN A DECLARATION OF PATERNITY

- If either of you later change your mind after you sign this form, you must complete a *Rescission Form for the Declaration of Paternity* (CS 915) to cancel or rescind the declaration of paternity. You must file the rescission form with the California Department of Child Support Services within 60 days from the date you signed the declaration of paternity. If you signed the declaration of paternity when you were under the age of 18 years old, you must file the rescission form within 60 days after you reach the age of 18 years old. You can get a rescission form from your local child support agency, local registrar of births and deaths or family law facilitator's office.
- **For further questions contact the State POP Coordinator at (866) 249-0773.**

**PATERNITY OPPORTUNITY PROGRAM
PATERNITY DECLARATION - INSTRUCTIONS FOR COMPLETION
(THIS FORM IS TO BE COMPLETED BY UNMARRIED PARENTS ONLY)**

**GENERAL
INFORMATION**

The attached declaration form is to be used by unmarried parents to declare the father of the child. Paternity means legal fatherhood. Completing and signing this form is voluntary. **THIS IS A LEGAL DOCUMENT. PLEASE CAREFULLY READ THE REVERSE SIDE OF THE FORM BEFORE YOU SIGN IT.** There is important information about what it means to you and your child when you sign this form. In order for the Declaration of Paternity to be valid, both parents must complete and sign this form. The form must be signed in the presence of a witness from the hospital or agency accepting the form. If not signed at a hospital, prenatal clinic or public agency, you must sign the form in the presence of a Notary Public. If you are the biological father and you wish to have your name entered on the child's birth certificate, you must sign this form. Otherwise, you must go to court to establish legal paternity and pay a fee to amend the child's birth certificate to add your name. Please see section "Filing This Form" below for more details.

PLEASE USE BLACK INK WHEN FILLING OUT THE ATTACHED FORM. PRINT ALL INFORMATION, EXCEPT FOR YOUR SIGNATURE. PLEASE PRESS FIRMLY AND PRINT CLEARLY WHEN FILLING OUT THE FORM. THIS FORM MUST BE SIGNED IN THE PRESENCE OF AN AUTHORIZED REPRESENTATIVE OR A NOTARY PUBLIC.

SECTION A

This section identifies the mother, biological father, child and the place of the child's birth. Your social security number may be used to find parents so child support, and other benefits your child may need, may be collected. If you write down your social security number, it will be on any copies made of this form.

SECTION B

In this section, both parents declare they are the mother and biological father of the child named on this form. Both parents must sign and date the form, for this form to be legal. **PLEASE READ THE REVERSE SIDE OF THE FORM BEFORE YOU SIGN IT.**

SECTION C

This section is to be completed by the person who is a witness to the parents' signatures on the form. The witness must be an official representative of the hospital or agency accepting the form.

SECTION D

This section is to be completed **ONLY** when the form is witnessed by a Notary Public. If parents do not complete the form at a hospital, prenatal clinic or public agency, they can only sign it before a Notary Public. This section is to be completed and stamped by a Notary Public.

The original of this form MUST be sent to:

**FILING THIS
FORM**

**California Department of Child Support Services
Paternity Opportunity Program
P. O. Box 419070
Rancho Cordova, CA 95741- 9070**

THE ORIGINAL OF THIS FORM MUST BE SENT WITHIN 20 DAYS OF DATE IT WAS SIGNED.

If you did not complete this form at the hospital (*or when you registered your child's birth*), and you want to add the father's name to the birth certificate, you must contact the State Department of Health Services, Office of Vital Records, 304 S Street, P.O. Box 730241, Sacramento, CA 94244-0241 or your Local Registrar of Births and Deaths. They will provide you with the additional forms you need to complete. You will be charged a fee to have your child's birth certificate changed to include the father's name.

Both parents will be given a copy of this form. This form is an important legal record. Parents should keep their copies in a safe place.

**CANCELING OR
RESCINDING
THIS FORM**

To rescind or cancel this form, either parent must complete and sign a *Rescission Form for the Declaration of Paternity (CS 915)*. This form must be filed with the California Department of Child Support Services POP Unit (*see address above*) within sixty days of the date the paternity declaration was signed. If you signed the declaration of paternity when you were under the age of 18 years old, you must file the rescission form within 60 days after you reach the age of 18 years old. To obtain a form to rescind or cancel this form, contact the local child support agency, local registrar of births and deaths, or family law facilitator's office. Evidence that a copy of the form has been provided to the other parent must also be provided with the rescission form. Rescinding this forms will not remove the father's name from the birth certificate.

DECLARATION OF PATERNITY

SEND ORIGINAL (White Copy) To: DCSS
PATERNITY OPPORTUNITY PROGRAM
P.O. BOX 419070
RANCHO CORDOVA, CA 95741-9070

SECTION A

Child	NAME OF CHILD - FIRST	MIDDLE	LAST
	DATE OF BIRTH (Month, Day, Year)	SEX	FOR STATE USE ONLY
Place of Birth	HOSPITAL NAME		CITY
	COUNTY	STATE	
Father	NAME OF FATHER - FIRST	MIDDLE	LAST
	SOCIAL SECURITY NO.	DATE OF BIRTH (Month, Day, Year)	PLACE OF BIRTH (STATE OR COUNTRY)
	<input type="checkbox"/> BY CHECKING THIS BOX I CERTIFY I DO NOT HAVE A SOCIAL SECURITY NUMBER		
	CURRENT ADDRESS (NUMBER, STREET, CITY, ZIP)		
Mother	NAME OF MOTHER - FIRST	MIDDLE	LAST
	SOCIAL SECURITY NO.	DATE OF BIRTH (Month, Day, Year)	PLACE OF BIRTH (STATE OR COUNTRY)
	<input type="checkbox"/> BY CHECKING THIS BOX I CERTIFY I DO NOT HAVE A SOCIAL SECURITY NUMBER		
	CURRENT ADDRESS (NUMBER, STREET, CITY, ZIP)		

SECTION B - READ OTHER SIDE BEFORE SIGNING

I declare under the penalty of perjury under the laws of the State of California that I am the biological father of the child named on this declaration and that the information provided is true and correct. I have read and understand the rights and responsibilities described on the back of this form. I understand that by signing this form I am consenting to the establishment of paternity, thereby waiving those rights. I am assuming all the rights and responsibilities as the biological father of this child. I wish to be named as the father on the child's birth certificate.

I have been orally informed of my rights and responsibilities.

I declare under the penalty of perjury under the laws of the State of California that I am the natural mother of the child named on this declaration and that the information provided is true and correct. I have read and understand the rights and responsibilities described on the back of this form. I certify that the man signing this form is the only possible father of this child. I know that by signing this form I am establishing the man signing this form as the biological father of this child with all the rights and responsibilities of a biological father under the laws of California. I consent to the establishment of paternity by signing this form.

I have been orally informed of my rights and responsibilities.

SIGNATURE OF FATHER	DATE SIGNED	SIGNATURE OF MOTHER	DATE SIGNED
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SECTION C - TO BE COMPLETED BY WITNESS AT THE HOSPITAL, AGENCY OR CLINIC (PLEASE PRINT)

DECLARATION WITNESSED BY (SIGNATURE AND PRINTED NAME)	DATE
NAME OF AGENCY (HOSPITAL, CLINIC OR OTHER)	
ADDRESS (ADDRESS, CITY AND ZIP CODE)	

SECTION D - TO BE COMPLETED BY NOTARY PUBLIC IF NOT WITNESSED ABOVE

State of _____

County of _____

On _____ before me, _____, personally appeared _____

personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their signature(s) on the instrument the person(s), or the entity on behalf of which the person(s) acted, executed the instrument.

WITNESS by hand and official seal.

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